

***MIEMSS Executive Director's Report  
January 2015***

***MIEMSS wishes Maryland's emergency services providers a happy and healthy  
New Year!!***

**Maryland EMS Providers and Jurisdictional Programs**

As of January 2, 2015, there are 26,864 certified or licensed EMS providers in Maryland. The provider types by level of certification / licensure are as follows:

EMD:	1,141
First Responder/EMR:	2,581
EMT:	18,993
CRT99:	767
Paramedic:	3,382

***National Registry Testing for EMR and EMT Initial Certification.*** Starting with courses that began in the Fall 2014, National Registry of Emergency Medical Technicians (NREMT) testing for the cognitive or didactic portion of the initial State certification process is required for EMR and EMT candidates. This change only affects candidates for initial certification not current Maryland providers. Candidates that enter the Maryland EMS system at the BLS level with NREMT are not required to keep their NREMT certification in order to maintain their Maryland EMR or EMT certification, nor are current providers required to obtain NREMT. The current 12-hour refresher for EMR and 24-hour refresher for EMT requirements stay in place for provider renewals at the BLS level. The candidates for EMT certification will continue to take the current practical evaluation process through the MIEMSS office for initial certification.

***Licensure/Certification Management Software.*** MIEMSS has contracted with ImageTrend to replace the aging MPPR- Maryland Pre-hospital Provider Registry with new licensure/certification management software program. This web-based program will provide tracking of licensing, certification, and continuing education of Maryland's EMS providers. This application will also allow providers, Operational and Commercial programs to update Affiliations on line and will transfer to the eMEDS<sup>®</sup> system. Various aspects of the program will be phased in over the following months to cumulate in online access for providers, Operational and Commercial programs, and EMS Board approved teaching agencies. We plan to have the ability to allow providers to create or update profiles and initiate affiliation changes in the near future.

***MIEMSS Infection Control Committee.*** MIEMSS has re-convened the Statewide Infection Control Committee. It is made up of jurisdictional and commercial company representatives, as well as infection control professionals from the Department of Health and Mental Hygiene (DHMH) and hospitals. The group held its first meeting with discussions regarding influenza; including the proper use of PPE, the need for getting flu shots, the use of Yellow Alerts, and the law regarding Hospital Infection Control Reporting. An update on Ebola was discussed. The committee plans to meet quarterly and will be working on educational materials for emergency services providers and hospital personnel.

**Flu Shots.** All emergency services providers are encouraged to get their flu shots as soon as possible. Seasonal influenza has officially arrived in Maryland. The first laboratory-confirmed case of seasonal influenza was diagnosed on the Eastern Shore on October 9, 2014. The flu strain was A (H3). This year's influenza formation includes the A (H3N2) strain. Stay up-to-date on influenza activity in Maryland by visiting <http://dhmh.maryland.gov/fluwatch> for weekly updates.

**Update to Maryland EMS Providers on Ebola Outbreak.** Recent press reports regarding the outbreak of Ebola in Africa have raised public awareness of this illness. The CDC advises that healthcare providers consider Ebola in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in one of the affected countries.

Ebola is typically spread to humans through direct contact with bodily fluids from a person infected with the disease. First responders should use universal precautions, including contact and droplet precautions while treating and transporting patients with suspicious symptoms. Fit tested N95 masks and eye protection should be used on patients with severe pulmonary involvement, who undergo procedures which stimulate coughing or promote the generation of aerosols, or who have nausea and vomiting. MIEMSS continues to update the web page **Infectious Diseases** tab. Please check there for current local and national information on Ebola and other emerging infectious diseases. There is also an email address for providers to send questions regarding infectious diseases. Questions may be sent to: [infectiousdiseases@miemss.org](mailto:infectiousdiseases@miemss.org).

**Upgrades to SYSCOM/EMRC.** The SYSCOM/EMRC communications center is undergoing a major renovation to both its infrastructure and technical capabilities as a component of the Statewide EMS Communications upgrade initiative and integrating communication with the Maryland FiRST 700 MHz statewide radio project. The renovations are taking place while SYSCOM/EMRC continues to be an active emergency communications hub and within the room's existing footprint. The technical upgrade began the first week of November and will take up to 6 months to complete.

The upgrades include:

- The installation of technologically advanced communications equipment
- Modernization of the current facility to accept the new equipment
- Relocating existing critical communications equipment during the upgrade
- Upgrading the HVAC and electrical systems
- Improving the fire suppression system
- Providing for continuity of operations while renovations are completed

As part of the overall communications systems upgrade, MIEMSS is exploring the feasibility of an independent backup communications center. The new SYSCOM/EMRC should be fully operational by May 2015.

***Jurisdictional EMSOP Re-verification Process.*** Under COMAR 30.03.02.06, MIEMSS is required to verify that each jurisdictional EMS Operational Program (EMSOP) is in compliance with the requirements for a jurisdictional EMSOP every 5 years. The last verification process was completed in 2010. Accordingly, MIEMSS is initiating the re-verification process to be completed in 2015. Applications for re-verification as an EMSOP were due to the Medical Director's Office at MIEMSS on November 15, 2014.

Over the next several months, MIEMSS will conduct meetings with each jurisdictional EMSOP to establish their current status relative to the COMAR Title 30 regulations, answer questions and begin the re-verification process. The self-assessment tool is to be completed prior to the visit and all requested documents are to be available at the time of the visit.

***Ambulance Strike Teams.*** Current plans include formation of regionalized ambulance strike teams composed of five ambulances, a strike team leader, and a MIEMSS field operations staff member. Once in place, the ambulance strike teams will be placed on a rotating call list. There will be at least one strike team "on call" for every month. The strike teams will be composed of ambulances and staff from EMSOPs and commercial services.

Each MIEMSS region is currently working to solicit resources from their jurisdictions to form these strike teams. Currently, multiple jurisdictions have expressed interest and already have formed some of the strike teams. MIEMSS has provided strike team leader training and is working to develop and implement statewide training for all members of the ambulance strike teams.

***electronic Maryland EMS Data System (eMEDS®).*** eMEDS® implementations continue statewide, for both public safety and commercial services. MIEMSS continues efforts to import legacy data from other electronic Patient Care Reports (ePCRs) vendors into the new Maryland system. Numerous CAD Integrations have been completed. MIEMSS is currently working with several jurisdictions and hospitals to continue our process to become a completely paperless EMS to Emergency Department documentation transition via the Hospital Dashboard. Stroke, Trauma, Burn, and Pediatric specialty coordinators have also been granted access to eMEDS® for immediate record retrieval. Additionally, MIEMSS continues to further develop and update eMEDS® to accommodate protocol changes, and input from users statewide.

***(eMEDS®) Support Phone Number: 410-706-3669.*** MIEMSS' dedicated phone line for eMEDS support simplifies provider access for help with the eMEDS® system when needed. Email messages may also be sent to [eMEDS-Support@miemss.org](mailto:eMEDS-Support@miemss.org).

***SEMSAC BLS Committee.*** The BLS Committee continues to monitor the changes made with the implementation of the EMS Agenda for the Future: National EMS Education Standards. The committee will continue to develop materials to be used by both instructors and current providers for recertification. The Field Training Coach program has been updated and is placed on the MIEMSS Instructor's Corner. A FTC Online Training Center course is soon to follow in order to reach more potential EMT coaches and mentors. Additionally, the committee is working on ways to improve the transition from EMR- Emergency Medical Responder (formerly known as FR- First Responder) to EMT- Emergency Medical Technician certification. Another initiative by the committee is to revise the BLS continuing education requirements to be more streamlined with national trends.

***Statewide Active Assailant Incident Workgroup.*** Earlier this year, MIEMSS and the Maryland State Police (MSP) convened an interdisciplinary work group to investigate current literature on these types of incidents, suggest general guidelines for response, make suggestions to ensure adequate levels of protection, develop consistent learning objectives to guide response training across the state, and identify gaps and resources to address those deficiencies. The workgroup produced a document, ***Guidance to First Responders for the Active Assailant Incident***, to assist local jurisdictions in planning for these types of incidents. Over the next few months, they will be sponsoring regional forums to discuss the content of the document and will be available to assist local jurisdictions as they enhance their planning efforts.

***Active Assailant Workgroup Receives Governor’s Crime Prevention Award.*** The Maryland Interdisciplinary Work Group on the Response to the Active Assailant ; made up of representatives from MIEMSS, the Maryland Emergency Management Agency, and the Maryland State Police, was recently presented an award for “Outstanding Proactive Crime Prevention Program” during the 35<sup>th</sup> Annual Governor’s Crime Prevention Award Banquet. This award was for the development of the “Maryland Guidance to First Responders for the Active Assailant Incident.” The award was presented by the Community Crime Prevention Institute, which is sponsored by the Department of Public Safety and Prevention Services, the Maryland Police and Correction Training Institute, and the Maryland Crime Prevention Association.

***Volunteer Ambulance Inspection Program (VAIP).*** The Volunteer Ambulance Inspection Program (VAIP) standards committee has updated the latest version of the document. It was reviewed and approved by the EMS Board. The document can be found on the MIEMSS web site under *Forms and Documents*, then *Voluntary Ambulance Inspection Program - Complete Booklet*.

***HC Standard.*** HC Standard 3 is currently in operation. Version 3.6 of the application continues to host a more robust County Hospital Alert Tracking System (CHATS) with alert definitions displayed for the public and includes Facility Resource Emergency Database (FRED), County Hospital Request System (CHRS), and Electronic Patient Tracking System (EPTS). HC FRED is operational and in use throughout the state. It continues to receive positive feedback, with many facilities expressing an interest in future enhancements to this system. The CHRS application is being used by hospitals, EMS Operations Programs and EMRC to electronically request diversion status changes. EMRC continues to operate the HC3 EMRC application. The program provides real time situational updates as patients are scanned, triaged, and transported from one site to another. The application provides maps showing where patients are in real time, as well as what facilities they went to, who they were transported by, interventions that were performed, and demographic information. MIEMSS continues to build out new features to our dashboard, incorporating additional functionality. It also allows users to customize their dashboard screen with any windows from HC as well as any websites. This allows users to add local programs accessible through the internet to the dashboard. To date, MIEMSS has conducted multiple training opportunities on HC Standard including: several administrator training courses, dozens of in-person user training courses, six online user training courses, and around two dozen just-in-

time training courses. MIEMSS continues to provide support and assistance to facilities as they come online to the new HC Standard 3. MIEMSS is in the process of expanding current EPTS capabilities within the state to allow for more units to be utilized in the field. Many jurisdictions are planning to purchase PTS handheld units using this year's Hospital Preparedness Program (HPP) funds. MIEMSS recently brought the Psychiatric Bed Registry online which is built within HC Standard allowing psychiatric bed availability to be seen statewide, and assists Emergency Departments in matching up patients with needed beds. MIEMSS is in the final preparation stages of our upgrade to 3.7 which will boast increased speed of the applications, and support the new android, iOS, and Windows 8.1 Electronic Patient Tracking System Applications.

### **Hospital Programs**

***Out of Hospital Sudden Cardiac Arrest Steering Committee.*** In 1999, the AED Task Force was created to provide guidance on layperson AED legislation that allowed non health care facilities that wished to place AEDs on their premises to do so to decrease time to defibrillation for individuals suffering from sudden cardiac arrest. Since that time, treatment for out of hospital sudden cardiac arrest has evolved in both the layperson and pre-hospital arenas. MIEMSS has worked to create an out of hospital sudden cardiac arrest steering committee to address multiple components including 9-1-1 dispatch, pre-hospital provider treatment, community response, and data collection and reporting. The committee meetings are held at MIEMSS. Subcommittees have been created to focus on the EMD, EMS, and Public (Layperson) components. Individuals interested in participating on a committee should contact Lisa Myers at MIEMSS.

One of the ways the EMS and EMD components of the Cardiac Arrest initiative are being addressed is through the Maryland Resuscitation Academy which holds a two day Summit each year in May and a one day Summit each year in the Fall. The Summits are attended by EMS providers and EMS leadership to learn about improving optimal response and treatment to sudden cardiac arrest in the prehospital setting. A component for emergency medical dispatchers was also recently added to the course to facilitate early dispatch and dispatch assisted CPR instructions to bystanders prior to EMS arrival. The Maryland Resuscitation Academy was created in partnership with Howard County Fire and EMS and MIEMSS and is modeled after the National Resuscitation Academy based in Seattle, WA. The one-day Fall 2014 Summit was held on Monday, October 20, 2014. Information about the Maryland Resuscitation Academy can be found at <http://ramaryland.org/>

The Public Subcommittee is working to educate laypersons on recognizing sudden cardiac arrest and learning Hands-Only CPR. Hosting a mass CPR training event was one of the public subcommittee's primary goals for 2014. The event took place at an IronBirds Baseball game on June 29, 2014. There were 2,392 fans in attendance whose awareness about sudden cardiac arrest and Hands-Only CPR was raised through PSAs and on-field demonstrations and nearly 400 individuals actually learned Hands-Only CPR from instructors that were located at tables throughout the stadium. There were EMS representatives in attendance from several jurisdictions, including Harford County, Baltimore County, Talbot County, and Howard County, as well as representatives from University of Maryland Upper Chesapeake Medical Center, Johns Hopkins Hospital, and MIEMSS and several members of the Cardiac Arrest Steering Committee. Additionally, there were 9 survivors on the field who were introduced along with the IronBirds players at the beginning of the game. MIEMSS purchased eight (8), eight-foot table banners that are available for use at future training events. If interested in borrowing a banner, please contact Jim Brown at MIEMSS.

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***Perinatal Referral Centers.*** The revised COMAR Perinatal Standards were presented to the EMS Board at the December 9, 2014 meeting and approved. The revised Standards will be placed in the Maryland Register for public comment in January. Upon completion of the promulgation process and until MIEMSS completes the next re-designation review, MIEMSS will begin working with the centers to implement the revised standards. During this interim time period, compliance with revised standards will be assessed through a combination of submitted documentation of policies/protocols/contracts from the Centers and brief on-site reviews. Work continues with the development and implementation of the Perinatal Database. This database contains data about the care and outcomes of both maternal and high-risk newborn infants in the state that have received care at a Level III Perinatal Center.

***Hospital Base Station Survey and Re-designations.*** In CY 2015, twenty-one hospital base stations are due for re-designation. On January 14, 2015 the base station coordinator and base station Medical Director will receive notification regarding submission of the re-designation application. All applications will be due to MIEMSS by March 16, 2015. Site surveys will take place between April and October 2015.

***Primary Stroke Centers (PSCs).*** The subcommittee from the Stroke QIC continues to focus attention on best practices to improve the Statewide door to t-PA times (< 60 minutes) as well as the percentage of patients who receive t-PA. Carroll Hospital Center PSC site survey took place on December 4, 2014. Findings and outcome of survey will be presented to the hospital CEO by February 2, 2015. Work continues with Doctors Hospital in preparing them to become a PSC.

***Trauma Centers.*** Ongoing work continues with implementing the final processes for all aspects of the new Trauma Registry Web version. The American College of Surgeons (ACS) Orange Book has been released. MIEMSS is in the process of reviewing the ACS standards contained in the Orange Book. MIEMSS will convene a workgroup comprised of appointed representatives from Maryland's Trauma Centers to review the revised ACS Standards. This workgroup will work to align the ACS Standards with the current COMAR trauma regulations.

***Cardiac Interventional Centers (CICs).*** Because many sudden cardiac arrest patients require intervention in the cardiac catheterization lab, EMS protocols direct EMS providers to begin therapeutic hypothermia when patients meet certain criteria and transport patients to hospitals that can provide continued cooling. Ideally, those patients would go to a CIC if possible. All 23 CICs have reported the ability to provide therapeutic hypothermia.

MIEMSS and the Maryland Health Care Commission (MHCC) obtain data from the Cardiac Interventional Centers. The upload of all required data occurs quarterly and is then analyzed for completeness. Additionally, to the extent possible, data is being collected from transferring hospitals (non-CICs) and EMS providers by the Cardiac Interventional Centers and reported to the regional STEMI committees. Re-verification of the 23 Maryland CIC designations was completed in 2014. MIEMSS Hospital Programs staff also conducted site visits at the four out of state CICs with which MIEMSS has MOUs (Christiana, Bayhealth-Kent General, Nanticoke Memorial, and MedStar Washington Hospital Center).

As MIEMSS continues to work with stakeholders on the development of a STEMI System of Care in Maryland, efforts will be made to improve the collection of data necessary to support quality improvement initiatives with hospitals and the MHCC. It is important to continue to work to coordinate these efforts across the State and amongst key stakeholders and organizations. The Cardiac Data Coordinators meet quarterly with MIEMSS and MHCC. Recently, the CICs identified a challenge in obtaining EMS data from eMEDS® for patients that are transported by EMS to a non-CIC and then transferred to a CIC. MIEMSS is still working to address that issue so that CICs will be able to obtain that data from eMEDS® on transferred patients.

Maryland is now registered with the American Heart Association Mission Lifeline as a statewide STEMI system of care which includes access to quarterly reports that compare Maryland's STEMI performance to national data. MIEMSS has obtained direct access to the reports from the National Cardiovascular Data Registry. The reports are confidential and are for use only within the confines of the STEMI Medical Review Committees.

## **Regional Programs and Emergency Operations**

### ***Regional Health and Medical Committees.***

- The Region III Health and Medical Taskforce continues with field implementation of the electronic patient tracking system.
- The Region IV Office continues to assist with the implementation of patient tracking.
- The EMS Focus group continues to meet to develop recommendations for the composition of EMS Strike Teams.
- The Delmarva Regional Health Advisory Group recently prioritized the funding of projects throughout the Region to improve emergency response, assist with equipment for neonatal care and equipment for the mobile medical facility.

The MIEMSS Regional Offices are managing multiple projects throughout the state. For more information about any of the items listed below, contact the appropriate MIEMSS Regional Office.

- Planning is underway for EMS Care 2015 to be held April 29-May 3, 2015 in Ocean City, MD.
- FY2015 ALS Funding requests have been received and agreements are being forwarded to jurisdictions for processing.
- FY2015 50/50 matching grants are being prioritized and agreements are forthcoming.
- A minimum ambulance equipment standards committee has been formed to discuss the standardization of the minimum level of equipment carried on all EMS transport units.
- Reimbursement requests continue to be processed for FY2014 50/50 matching grants.
- The Statewide eMEDS® Steering Committee has reconvened.
- The Statewide QA/QI committee hosted its first meeting this fall. The Region IV Office will be organizing an internal MIEMSS meeting to discuss potential benchmarks to propose to the QIC.

### ***Region I***

- Planning continues for the 13<sup>th</sup> Annual Miltenberger Seminar to be held in April 2015.
- The Region I Office coordinates the Federal HPP Emergency Preparedness Grant Funding for MIEMSS and includes all regional submissions.
- The Region I Office is assisting both Garrett and Allegany Counties with their Advanced Life Support Alerting Policies.
- Garrett County is reviewing the previous SWOT initiative undertaken in 2006 and will be updating the jurisdictional EMS Operational Program's future goals.
- Regions I and II have been collaboratively working on strengthening resources sharing by discussing a Region I and II MOU to include specific policies on school bus crashes and strike team development and deployment.

## ***Region II***

- The Region II STEMI Committee has finalized the region plan and the process by which data is being collected and shared.
- Region II Office assisted Washington County in developing a jurisdiction-wide Field Training Program.
- Region II Office and MIEMSS Compliance Office assisted Washington County with the revision of their Quality Assurance Plan. The QA Plan has now been implemented.
- Region II is currently working to develop Region-wide pre-designated landing zones that will be utilized for on scene air medical evacuations.
- Region II Advisory Council recently approved a Vision and Mission Statement.
- The SWOT analysis for Washington County began in November and the initial meeting was successful. The estimated length of the process is about 18 months.
- Region II has reviewed, updated, and implemented new infectious disease policies and response plans.

## ***Region III***

- The Region III Medical Directors continue to meet quarterly to review pre-hospital EMS quality assurance data.
- Region III quarterly triage tag day continue on the 3<sup>rd</sup> and 7<sup>th</sup> of January, April, July, and October.
- Hospital EMS Base Station re-designation surveys continue throughout Region III.
- The Office of Hospital Programs and the Regional Offices are conducting meetings throughout the Region with those hospitals that are reporting above average use of hospital alert hours.

## ***Region IV***

- The first patient tracking working group meeting to assist in developing a regional approach to PTS application implementation was held.
- The Region IV Office is supporting the development of a regional Medical Surge Plan and Alternate Care Site Workshop
- Region IV is moving forward with a regional Ambulance Strike Team MOU
- Region IV Office is assisting Somerset County in the planning of an MCI TTX, which will have special emphasis on the use of the mass casualty response unit acquired through MIEMSS HPP funds in 2013.
- Region IV continues its efforts regarding Mobile Integrated Health.
- Region IV Office is supporting Dr. Alcorta for the 2014-2015 Kent County SWOT.
- Region IV Office is attending a variety of local and regional meetings to support planning and preparation for Patients Under Investigation (PUI) for Ebola Virus Disease.

## ***Region V***

- The Montgomery County Emergency Response System completed a tabletop exercise for the National Capital Region on the Hospital Evacuation/ Forward Movement of Patients.
- The Emergency Response System (ERS) of the National Capital Region (NCR) of Maryland has received \$6.4 million in Urban Area Security Initiative funding to support a number of initiatives throughout Montgomery and Prince George's Counties.
- The Training and Exercise Workgroup of ERS has developed a three-year Training and Exercise Plan that will provide HSEEP-compliant educational opportunities for fire/EMS, law enforcement, public health, emergency management, and hospital personnel throughout the NCR.
- Hospital EMS Base Station re-designation surveys will continue throughout Region V.

## **EMS-C**

***Emergency Medical Services for Children Department (EMSC).*** The state Pediatric Emergency Medical Advisory Committee (PEMAC) met on November 5, 2014 to continue work on EMSC performance objectives, plan for 2015 protocol rollout education, and identify priorities for 2016 protocol development. The afternoon forum was the Annual EMSC Research Presentations that included:

- Using Maryland EMS Data to Evaluate Protocol Implementation and Evidence Based Practice Change
- Pediatric RSI: Pilot Protocol 10 Year Review Project
- Trauma Destination – Research, Quality and EMS Data

2014 & 2015 meetings are posted on the MIEMSS website both on the events calendar and EMSC. The PEMAC Website (located on [www.miemss.org](http://www.miemss.org) under EMSC Department) contains meeting documents and EMSC reference materials.

Advanced Pediatric Life Support (APLS) course for physicians will be conducted in the fall and winter 2014-2015 in hybrid format (online and one 8 hour in person day). MedChi has approved this offering for 6.5 CME and EMSC is working with AAP, ACEP, MAFP for outreach. During the first few years of the course, EMS for Children Partnership funds will provide the teaching materials.

MIEMSS EMS for Children continues to support PEPP 3rd Edition instructors and medical director with BLS and ALS courses. The 3rd Edition can be offered in two formats - Hybrid with 9 online modules and one in person course day or Onsite two day format. All regional and state EMS conferences will have BLS PEPP courses as a preconference.

The EMSC Partnership Grant continues to focus on the ten Federal EMSC Performance Measures that have 2017 target dates for achievement. Detailed information is available on the MIEMSS EMSC PEMAC website listed above. This grant was renewed for the 2013-2017 federal grant cycle. NEW & Current projects include:

- Maryland, New Jersey and Iowa EMS for Children Department presented a Poster Presentation on Safe Transport of Children in Ambulances at the October 2014 NASEMSO Annual Meeting and shared the teaching and practice resources from the three states.

- Newly printed reference cards on best practices to restrain children in ambulances have been finalized and are being distributed through Jurisdictional/ Company leadership. They are based upon the 9/2012 NHTSA Guidelines for the Safe Transport of Children in Ambulances (also posted on the MIEMSS website under PEMAC and under Ambulance Safety). LMS for online continuing education is being finalized and pushed out after the protocol review process is completed.
- Development of pediatric emergency department criteria develops a system for regional categorization based upon the national Guidelines for the Care of Children in Emergency Departments and analysis of the National Pediatric Readiness Project.
- Joint writing group on Pediatric Specialty Care transport regulations has begun to meet again with representation from PEMAC and CASAC with the goal of incorporating a pediatric section within the Specialty Care Transport section.
- Update of the Pediatric Base Station course with new slides on EMS provider scope of practice and the National Pediatric Readiness Project; expansion of course for neonatal transport teams was piloted in June 2014 with the approval and published Board of Nursing regulations for specialty care transport nurses and MIEMSS SCT and NEO regulations.
- Pediatric sections of the Interhospital Transfer Resource Manual have been completed. The base station coordinators met in October with the distribution of these manuals.
- Results of the EMS Equipment Survey of ambulances were presented at the State EMS Medical Directors Symposium. Based upon this information the MIEMSS summer survey will be modified to clarify discrepancies between HRSA survey responses and 2013 MIEMSS summer survey.
- EMSC Grant educational priorities include: Pediatric Vascular Access workshop (MIEMSS unique workshop); STABLE (Sugar, Temperature, Airway, Blood Pressure, Lab Work, Emotional Support) and NRP (Neonatal Resuscitation Program) courses are being offered with SOCALR for neonatal transport teams and Emergency Department professionals. EMSC continues to offer the full day workshop "When the Stork Dials 9-1-1: Managing OB and Newborn Emergencies" as a preconference as requested. PEPP will also be available as a preconference through 2015.
- Pediatric Reference Cards and Posters have been distributed to all jurisdictions with additional copies available upon requests. They can be viewed on the EMSC website [www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx](http://www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx) <<https://mail.miemss.org/exchweb/bin/redir.asp?URL=https://mail.miemss.org/exchweb/bin/redir.asp?URL=http://www.miemss.org/home/Programs/EMSforChildrenPrograms/tabid/158/Default.aspx>>

### ***Child Passenger Safety (CPS) & Occupant Protection Healthcare Project:***

- We celebrated the 30th Anniversary of the Maryland CPS Law with press conferences, media contacts, and the production of a PSA during September 2014.
- MIEMSS CPS & OP project (15th year of funding DOT/NHTSA) continues to provide outreach to health care providers to provide education and parent educational tools on child passenger safety. The project is implementing a new program for the BeTWEEN age group of passengers on safe occupant behaviors and collaborate with local Safe Kids chapters and coalitions and KISS program at DHMH.
- Two products have been revised 1) The Proper Occupant Protection training DVD for lay public and 2) Prescription Pad for Child Safety for primary care providers to use in advocacy and prevention education.

- Conference calls are being converted LMS format that will be more compatible for remote access. This year's conference calls were on Infant Car Seat Challenge updated best practices and on LATCH (Lower Anchorage and Tether for Children) in both cars and on car seats. Conference Calls are archived on the website: <http://www.miemss.org/EMSCwww/CPSHome.htm>
- Rear Facing Longer & Booster Seat posters are available as part of the educational campaign on Maryland's enhanced occupant protection law.
- SECURE Ambulance Safety & BUCKLE UP - Every Ride Every Time posters are available from the EMSC & SOCALR offices

*Maryland RISK WATCH Champion Team* had a very successful interactive Prevention Education Room during the 2014 MSFA convention and the fall focus is the rollout of the Medication Safety training & display with Safe Kids grant and the "What to Expect When You Call 9-1-1" training DVD. SAVE THE DATE for the Public Educator & Life Safety Conference on March 28, 2015 at MFRI with a theme "Fire is Everyone's Business".

*Safe Kids Maryland Coalition* meetings continue to be held at MIEMSS and provide conference/Go To Meeting access. Please contact the Maryland Safe Kids coalition through the EMSC Office 410-706-1758. Safe Kids Buckle Up FY 2015 grant continues with the support of the Safe Kids community partners in Anne Arundel, Cecil, Garrett, Queen Anne's and Saint Mary's counties and partnerships with Maryland Kids in Safety Seat program. Safe Kids Maryland received a Medication Safety award and will be working with the local coalitions and the three ENA chapters to provide community education

### **Cardiac**

***Public Access AED Program.*** Currently, there are a total of 5,109 active AED Program sites in Maryland. A list of approved programs and their status (active or expired) is updated monthly and available on the MIEMSS website at <http://www.miemss.org>. AED information, including application information, is located in the public information tab under "Maryland Public Access Automated External Defibrillator." Facilities whose certificates have expired are not in compliance with Maryland's AED law. Revisions to COMAR 30.06 became effective January 7, 2013. MIEMSS has posted the updated information on the MIEMSS webpage that outlines the changes which are intended to make it easier for organizations to implement public access AED programs. A key point of clarification in the revisions is that AEDs should be placed in locations where they are clearly visible to anyone who is willing to use the AED, regardless of whether the individual has received training or not, recognizing trained individuals may not always be available to respond before EMS arrives. Labels or signage on AEDs that read "For use by trained personnel only" must be removed.

MIEMSS has contracted with Atrus Inc., to establish a web-based registration process that will provide automated notifications regarding battery and electrode expirations, program renewals, and AED recalls. The program would also allow for the connection to an application called "AED link" that would allow interested jurisdictions to see all the PAD locations within their jurisdiction without having to manually enter the AED addresses into the CAD. The new program development is near completion at which time MIEMSS will transition the paper-based registration process to the web-based registration process.

Several Counties have passed ordinances requiring all pools except those at private residences to have an AED. MIEMSS is aware of the following counties passing a requirement for AEDs: Anne Arundel; Baltimore County; Harford County; Montgomery County; and Queen Anne's County. The county pools are regulated and inspected for compliance by the local health departments. Additionally, a state law was passed that requires any county or municipally owned or operated pools within Maryland to have an AED. All of these pools with AEDs must also meet the requirements for public access AEDs in COMAR 30.06.

***Out of Hospital Sudden Cardiac Arrest Steering Committee.*** In 1999, the AED Task Force was created to provide guidance on layperson AED legislation that allowed non health care facilities that wished to place AEDs on their premises to do so to decrease time to defibrillation for individuals suffering from sudden cardiac arrest. Since that time, treatment for out of hospital sudden cardiac arrest has evolved in both the layperson and pre-hospital arenas. MIEMSS has worked to create an out of hospital sudden cardiac arrest steering committee to address multiple components including 9-1-1 dispatch, pre-hospital provider treatment, community response, and data collection and reporting. The committee meetings are held at MIEMSS. Subcommittees have been created to focus on the EMD, EMS, and Public (Layperson) components. Individuals interested in participating on a committee should contact Lisa Myers at MIEMSS.

One of the ways the EMS and EMD components of the Cardiac Arrest initiative are being addressed is through the Maryland Resuscitation Academy which holds a two day Summit each year in May and a one day Summit each year in the Fall. The Summits are attended by EMS providers and EMS leadership to learn about improving optimal response and treatment to sudden cardiac arrest in the prehospital setting. A component for emergency medical dispatchers was also recently added to the course to facilitate early dispatch and dispatch assisted CPR instructions to bystanders prior to EMS arrival. The Maryland Resuscitation Academy was created in partnership with Howard County Fire and EMS and MIEMSS and is modeled after the National Resuscitation Academy based in Seattle, WA. The one-day Fall 2014 Summit was held on Monday, October 20, 2014. Information about the Maryland Resuscitation Academy can be found at <http://ramaryland.org/>

The Public Subcommittee is working to educate laypersons on recognizing sudden cardiac arrest and learning Hands-Only CPR. Hosting a mass CPR training event was one of the public subcommittee's primary goals for 2014. The event took place at an IronBirds Baseball game on June 29, 2014. There were 2,392 fans in attendance whose awareness about sudden cardiac arrest and Hands-Only CPR was raised through PSAs and on-field demonstrations and nearly 400 individuals actually learned Hands-Only CPR from instructors that were located at tables throughout the stadium. There were EMS representatives in attendance from several jurisdictions, including Harford County, Baltimore County, Talbot County, and Howard County, as well as representatives from University of Maryland Upper Chesapeake Medical Center, Johns Hopkins Hospital, and MIEMSS and several members of the Cardiac Arrest Steering Committee. Additionally, there were 9 survivors on the field who were introduced along with the IronBirds players at the beginning of the game. MIEMSS purchased eight (8), eight-foot table banners that are available for use at future training events. If interested in borrowing a banner, please contact Jim Brown at MIEMSS.

## **Prevention**

### ***Super Bowl Drunk Driving Prevention Campaign - Fans Don't Let Fans Drive Drunk.***

The Super Bowl is America's most watched national sporting event. On Super Bowl Sunday, February 1, there will be lots of game day socializing that may include drinking. That's why MIEMSS and the National Highway Traffic Safety Administration (NHTSA) are urging football fans to choose sides now: drinking OR driving. NHTSA's *Fans Don't Let Fans Drive Drunk* campaign encourages people to make plans ahead of time that will prevent them from getting behind the wheel of a vehicle after drinking. Driving drunk could result in injury or death for you or others on the road.

***MIEMSS Participates in Governor's Overdose Prevention Council.*** Governor Martin O'Malley announced the formation of the Overdose Prevention Council to counter an increase in the number of overdose deaths. Dr. Richard Alcorta is the MIEMSS representative serving on this council. The Council advises and assists in establishing a coordinated, statewide effort to reduce the number of fatal and non-fatal overdoses in Maryland. To combat overdose deaths in Maryland, MIEMSS approved the use of intranasal naloxone by EMTs effective July 1, 2014. This protocol is available for commercial services and EMRs as an optional supplement. Additional information on the Governor's Overdose Prevention Council can be found on: <http://governor.maryland.gov/documents/OPCFactSheet.pdf>

***Maryland Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities.*** MIEMSS is a member of the Maryland Commission for Effective Community Inclusion of Individuals with Intellectual and Developmental Disabilities. The Commission held public meetings for input as to: what law enforcement personnel and other first responders in Maryland need to know when working with people with intellectual and developmental disabilities; what should Maryland provide regarding training for law enforcement personnel and other first responders; what kinds of community outreach activities should law enforcement personnel and other first responders conduct in order to raise awareness about effective first responder approaches for interacting with people with intellectual and developmental disabilities. The Commission will soon be issuing a report containing its recommendations. For more information, please go to: <http://www.goccp.maryland.gov/iddc/index.php>

## **2015 EMS and Prevention Educational Conferences**

**Winterfest 2015** – January 22 – 25, 2015 – Tilghman Island, MD.

**EMS Today Conference (JEMS)** – February 25 – 28, 2015 - Baltimore MD.

**Public Fire and Life Safety Educator Seminar** – March 28, 2015 - MFRI – College Park, MD.

**Miltenberger Emergency Services Conference** – April 10 – 11, 2015 – Wisp Ski Resort – McHenry, MD.

**EMS Care 2015** – April 30 – May 3, 2015 – Clarion Fountaine Blue Hotel - Ocean City, MD.

**MSFA Annual Convention** – June 20 – 26, 2015 – Ocean City, MD.